

Deposit: _____ Date: _____
Check #: _____

# Epworth Camp & Retreat Center 2008 Green Man's Grove Registration

845-687-0215

[info@epworthcenter.com](mailto:info@epworthcenter.com)

Camper's name: \_\_\_\_\_

Age on July 25, 2008: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Summer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## Campers Fee:

\$225 includes lodging, meals and activities

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| <ul style="list-style-type: none"><li>° A deposit of \$50/week is required to hold camper's space</li><li>° Final payment is due on arrival</li><li>° Deposits are non-refundable after June 1</li></ul> |
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**Please return this form and deposit to:**  
Epworth Camp & Retreat Center  
Attn: Green Man's Grove  
8 Epworth Lane  
High Falls, NY 12440

My signature below gives permission for photographs of my camper to be used in camp publicity.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_